

Preface

Drug Hypersensitivity



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Editor

Clinicians and researchers working in the field of drug hypersensitivity (DH) are very much aware that they are standing at the limit of repeating iatrogenesis in subjects with histories suggestive, but not always confirmed, of DH. Proper identification of a true DH while upholding the principle of “*primum non nocere*” is a challenge that weighs heavily in all their considerations. Unnecessary avoidance measures (with their obvious medical consequences) or overlooking alternative diagnoses are at stake. This renders the field of DH diagnosis a very vivid one, whereby universal acceptance of classifications, diagnostic tests, or protocols is difficult to reach.

After an introduction on drug allergy diagnosis and management, this issue of *The Immunology and Allergy Clinics of North America* is intended to focus on specific drug classes, rather than specific reactions, for several reasons: first, for the sake of redundancy with the recently published international consensus on drug allergy; and second, it is clear that some medications are often overlooked in DH reviews, although they are of significant importance in clinical practice (vaccines, additives, vehicles) or increasingly used (iron preparations) and therefore deserve our attention. Last, but not least, one of the major pitfalls in the DH area, namely the lack of availability of sufficient numbers of accurately phenotyped patients, is starting to be addressed by emerging single- or multi-center large databases, mostly tackling either frequent (eg, antibiotics, nonsteroidal anti-inflammatory drugs, anaesthetic agents) or emerging (contrast media agents, iron preparations, biologicals) elicitors or severe clinical manifestations. Lessons learned from drugs prescribed to specific populations, in peculiar clinical contexts (eg, chemotherapeutic and biological agents, antiepileptic or antiviral drugs), shed some light on the issue of natural history of DH (with desensitization and treating through being highly specialized therapeutic approaches and easily accessible pharmacogenetic screening becoming possible for carbamazepine and abacavir) as well as on pathophysiologic concepts (eg, the recently described “altered peptide repertoire model” for abacavir hypersensitivity, possibly shared by other drugs). These two aspects rank next to one another in importance for DH prevention and treatment.

The articles in this issue of *Immunology and Allergy Clinics of North America* evolve naturally from what we do know and can diagnose, to the active acknowledgment of our limits in this field, which represent the unmet needs of our patients. Articles focus on clinical topics that will help practitioners answer questions at the point of care. Each article follows, as much as possible, a similar structure from epidemiology, pathophysiology, to diagnosis and management. “Author pairs” were carefully selected not only because of their expertise in a specific DH domain but also because they are coming from different teams/continents to catch the worldwide flavor of how to diagnose DH and not just how this author/team manages them. The gaps in our understanding of DH have been identified and will most likely be addressed in the future. *The Immunology and Allergy Clinics of North America* will cover them too. We wish you an agreeable reading and most of all hope that this issue will stay on your desk to answer the questions raised during your daily DH activities.

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